

## **Euthanasia**

The deprivation of life for mercy evinces a major ethical dilemma for healthcare professionals. The debate reverberates concerns on the equality of an individual's right to live and their choice to die. Clinical experts refer to direct active euthanasia as a medical act that serves the role of the deprivation of life (Banovic et al., 2017). The clinical issue represents a broader topic that also incorporates the aspect of physician-assisted suicide that involves the clinician's participation in ending the patient's life through medication. The scope of this problem has expanded into the international context as developed countries take opposing views on the ethics of voluntary life termination. States in countries, such as Ohio in the United States already passed laws to legalize euthanasia in 1906 (Banovic et al., 2017). The debate continues to gain momentum as euthanasia attains more support, attributing to the consideration of the welfare of terminally ill patients. While the beneficence and autonomy moral principles of nursing guide clinicians to promote the patient's wellbeing and preserve their medical decisions, the Christian approach supports life preservation, resonating with the non-maleficence principle that prevents harm to the patient.

Euthanasia has taken a central position in the public debate concerning individuals' right to terminate their lives with dignity. As the aged population continues to grow and the prevalence of chronic diseases increase, nations are embracing the idea of minimizing the unbearable pain

facing citizens at their end-of-life stages. Countries, such as the Netherlands, have merged the concept of euthanasia and assisted suicide (EAS) to dictate the strict conditions that healthcare providers need to observe. According to Evenblij et al. (2019), physicians must be satisfied that the patient suffers unbearable pain without room for improvement, prove the patient's consent to terminate their life, inform the client of the process, consult at least one other clinician, and perform the process with due medical attention. Healthcare providers may become reluctant to grant EAS due to the characteristics of the pain. Fundamentally, the accumulation of health problems does not necessitate the termination of life, especially if the conditions inflict no pain.

The prevalence of people requesting EAS has dominated specific patient populations, such as individuals with dementia, an accumulation of health problems, and clients with psychiatric disorders. Regardless of this interest, the proportion of euthanasia carried out among these populations remains significantly low due to the nurse's ethical obligations. According to Evenblij et al. (2019), physicians are less likely to grant EAS wishes to these groups than individuals with "severe and life-limiting somatic illness such as cancer." Nonetheless, oncology patients with pre-existing conditions, such as dementia and psychiatric disorder, are less likely to receive a dignified death. Physicians demonstrate reluctance under the doubt that the patient may not have considered the decision appropriately. In this case, concerns become magnified in cases of advanced dementia where the patient loses

their ability to make well-informed decisions. The controversies of euthanasia reflect the challenges that physicians with a Christian background are likely to encounter in their career while advocating for the patient's better wellbeing.

### **Why the Issue Creates Problems for the Christian**

Religious faiths significantly contribute to the discussion on euthanasia because of their value for a person's life. Christian nurses employ their biblical teachings as a guide for religion-related decision-making. EAS can create problems for Christian physicians because it advocates for the termination of life by an individual. Christians take the opposing perspective as they regard God as the supreme being and creator of all things. For instance, in the book of John in New Testament, scriptures refer to God as the giver of life (Revised Standard Version Bible, 2008, John 1:1-4). Consequently, Christian nurses believe that only God has the authority to take life back rather than another individual. The Bible also regards the human being as a representation of God's image as depicted in the old testament (Revised Standard Version Bible, 2008, Genesis 1:27). Resultantly, nurses with the Christian faith may face a moral dilemma on euthanasia because they consider the human being as God's unique creation. The value of human life extends across the biblical chapters, emphasizing the avoidance of murder, which is also included in the 10 commandments. Fundamentally, Christian nurses would hesitate to perform

the EAS process for fear of punishment following the violation of most biblical teachings.

Euthanasia puts the Christian nurse in a moral dilemma because of the professional's obligation to adhere to specific ethical principles of nursing. While the biblical teachings guide the clinician to preserve life and dissociate themselves from any form of murder, they also provide arguments contrary to the nurse's universal rule of conduct. According to Haddad and Geiger (2021), the American Nurses Association published the formal Code of Ethics to inform everyone who enters the profession of their nonnegotiable ethical obligations. For example, nurses are subjected to follow the beneficence principle that focuses on the promotion of the overall good of the patient. Gutierrez-Castillo et al. (2020) reiterate that euthanasia aligns with this code because it provides a better alternative to unnecessary suffering. However, Christian nurses may face allegations from opponents who support their position on the increased research on palliative care. As their noble duty, clinicians should aim to provide holistic care to clients regardless of their type of suffering. Undeniably, EAS can pose significant problems for nurses with a Christian culture.

Nurses' reluctance to perform the EAS process may further put them in problems due to violating the autonomy principle. The American health universal code of conduct requires providers to respect the independent choices of the patient regarding their treatment. Gutierrez-Castillo et al. (2020) suggest that clinicians recognize the autonomy principle as an

intrinsic value that grants patients the free will to decide whether to preserve their lives or end them. In associated occasions, patients may also refuse to use medication to succumb to slow deaths if the physician hesitates to assist. Fundamentally, Christian nurses will face a major ethical dilemma between applying autonomy to preserve the client's independence in decision-making and empathy to alleviate the patient's suffering.

### **Christian Perspective and the Ethical Considerations**

Christian churches display a unified official position as opponents of EAS based on particular biblical teachings. The emphasis revolves around the value of human life, as the Bible considers human beings God's most unique creation. This perspective may demonstrate Christian's acceptance of euthanasia as true discipleship coerces them to relieve humanity's suffering and give hope to the world. However, the most significant portion of Christian teaching has considered death and suffering as inevitable occasions in human life. The old testament depicts the care that God provided to the people of Israel during slavery, acting as their sole comforter (Revised Standard Version Bible, 2008, Isaiah 66:13). In the new testament, Jesus plays a similar role by guaranteeing comfort to those who mourn (Revised Standard Version Bible, 2008, Matthew 5:4). The scripture displays God as a comforter, revealing suffering as a typical occasion affecting Christian's life. The new testament portrayed how God experienced suffering through the life of Jesus (Grove et al., 2022). As one of the Holy Trinity, Jesus Christ was persecuted by authorities and crucified

on the cross. The rising from the dead depicts the hope for a better life in eternity. While the Christian perspective considers suffering and death as realities of life, it also comforts an individual of a better life after misery.

Christian nurses should abstain from euthanasia and physician-assisted suicide because the biblical teachings resonate with the non-maleficence principle that aims at preventing the infliction of harm to the patient. The event contradicts the Christian faith because they advocate for the sinful deliberate destruction of life. Instead, Christian nurses should establish advanced care mechanisms that can effectively combat the pain and suffering of the dying. Nonetheless, promoting the overall good of the patient can also incorporate advanced palliative care to alleviate pain, an aspect that borrows the support of the beneficence principle. The nurse has a significant role in imitating God's love by caring for his creation from birth until death. Avoiding the occasions to terminate the person's life protects them from the guilt consciousness of neglect to God's creation.

Fundamentally, while the severity of pain in old age attracts the application of physician-assisted suicide to support beneficence and the autonomy of the patient, Christian nurses have a more significant role in advancing the type of care at that critical point to observe biblical teachings that consider suffering and death as realities and part of human life.

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